

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
10084570

FILING DATE

APPLICANT(S)

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
	1		1		1		51					
2		1					52					
3	2		2		2		53					
4	2		2		2		54					
5	2		2		2		55					
6	2		2		2		56					
7	2		2		2		57					
8	2		2		2		58					
9	2		2		2		59					
10	1		1		1		60					
11	1		1		1		61					
12	2		2		2		62					
13	1		1		1		63					
14	1		1		1		64					
15	8		8		8		65					
16	8		8		8		66					
17	8		8		8		67					
18	8		8		8		68					
19	8		8		8		69					
20	8		8		8		70					
21	8		8		8		71					
22	8		8		8		72					
23	8		8		8		73					
24	8		8		8		74					
25	8		8		8		75					
26	8		8		8		76					
27	8		8		8		77					
28	8		8		8		78					
29	8		8		8		79					
30	8		8		8		80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			4				TOTAL IND.					
TOTAL DEP.			26				TOTAL DEP.					
TOTAL CLAIMS			30				TOTAL CLAIMS					

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